

Revised 05/01 WDNV

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK**

Shaulene Smith

(Name of Plaintiff or Petitioner)

v.

City of North Tonawanda

(Name of Defendant(s) or Respondent(s))



**MOTION TO PROCEED IN FORMA PAUPERIS
AND SUPPORTING AFFIRMATION**

21 -CV- 530

I, SHAULENE SMITH, (print or type your name) am the plaintiff/petitioner in the above-entitled case and hereby request the Court's permission to proceed *in forma pauperis*.

In support of my motion to proceed without being required to prepay fees, costs, or give security therefor, I state that because of my poverty I am unable to pay the costs of this action or to give security therefor and that I believe I am entitled to redress.

I further declare that the responses which I have made in this affirmation below are true.

1. Are you presently employed? Yes ☒ No ☐
 My Employer's Name and Address is: Prochiro Food
275 North Tonawanda Blvd
Ambler NY 14228
 My Gross Monthly Wages are: \$ 2,240
 If you are not presently employed, state
 Your Last Date of Employment: _____
 Your Gross Monthly Wages at that time: _____
 Is your spouse presently employed? Yes ☐ No ☐
 My Spouse's Employer's Name and Address is: _____

 My Spouse's Gross Monthly Wages are \$ _____

2. Have you received any money from any of the following sources within the past twelve months:
- Business, profession or self-employment? Yes ☐ No ☒
 If yes, state source and amount received per month \$ _____
 - Rent payments, interest or dividends? Yes ☐ No ☒
 If yes, state source and amount received per month \$ _____
 - Pensions, annuities, disability, or life insurance payments? Yes ☐ No ☒
 If yes, state source and amount received per month \$ _____
 - Gifts or inheritances? Yes ☐ No ☒
 If yes, state source and amount received per month \$ _____
 - Child Support? Yes ☐ No ☒
 If yes, state amount received each month \$ _____
 - Government Benefits (Social Security, SSI, Welfare, AFDC, Veterans, etc.)? Yes ☐ No ☒
 If yes, state source and amount received per month \$ _____
 - Friends, Relatives or any other source? Yes ☐ No ☒
 If yes, state source and amount received per month \$ _____
- If you have not received any money from any of the above sources, please explain how you are currently paying your expenses:

3. What is your total gross monthly income today: \$ 2,240

4. How much cash do you have on hand? \$ 10.53

5. How much money do you have in a **checking account(s)**? \$ 1540 February & March rent
6. How much money do you have in a **savings account(s)**? \$ _____
7. If you are an inmate of a correctional facility, state the amount of funds in your inmate account (NOTE: prisoners must have inmate account balances certified by an authorized official of the correctional facility and must include a signed Authorization for payment of the filing fee): NO
8. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes _____ No ✓
If so, describe the property in detail and give an **estimated value** of the property: _____
If you own property, are you paying off a **loan or mortgage** on it? Yes _____ No _____
If yes where are you obtaining the money to make such payments: _____
9. If you are not an inmate, state your **total monthly household expenses**:
Rent or mortgage \$ 285 Food \$ 300 Utilities \$ 150 All other expenses \$ 450
If your monthly expenses exceed the amount of income you listed in # 3 above, please explain how you are paying your expenses

10. List **all** of the people who are in your household and state the amount of money each one contributes to household expenses each month: Glenn Smith child
Samantha Smith child
11. List the persons who are dependent upon you for support, state your relationship to those persons; and indicate how much you contribute toward their support: Glenn Smith Daughter Everything
Samantha Smith Daughter Single man.
12. Have you been adjudicated bankrupt within the past ten (10) years? Yes _____ No ✓
If the answer is yes, please include the court and date of filing _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 4/6/2021
(Date)

Smith
(Applicant's Signature)

PRISON CERTIFICATION SECTION

(Required for Prisoner Requests Only; Prisoner Requests Must Have This Section Completed By Prison Official)

I certify that the movant has the sum of \$ _____ on account to his/her credit at the _____
_____ Correctional Facility where s/he is currently confined.

I further certify that the movant has the following securities to his/her credit according to the institution's records: _____

I further certify that the movant's average account balance was \$ _____ during the last six months.

Signature of Authorized Officer of Institution

Print Name of Authorized Officer of Institution